

Authorization to Change Address Form

Use this form to change the business' legal mailing address, the business headquarters' address and/or the address where the benefit Notice to Employer (Form UB-110) is to be mailed. An owner, partner, or a corporate officer must sign the form authorizing the change.

**USE THE REPORT OF CHANGES FORM (CHNG) TO ADVISE THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY OF ANY MODIFICATIONS TO YOUR BUSINESS STRUCTURE.
FOR EXAMPLE—CHANGES IN OWNERSHIP, LEGAL FORM, OPERATION, OR PAYROLL METHOD.**

Questions about completing the Authorization to Change Address Form may be directed to the Employer Status Unit at

Employer Status Unit
ADES – UI Tax Section – 911B
P.O. Box 6028
Phoenix, AZ 85005-6028

Telephone - (602) 248-9396

FAX - (602) 650-1298

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Security Administration
Unemployment Tax, 911B-2
P.O. Box 6028 ■ Phoenix, AZ 85005-6028
Phone No. 602-248-9396 ■ Fax 602-650-1298
www.de.state.az.us/esa/uitax/uihome.asp

BUSINESS NAME AND CURRENT ADDRESS OF RECORD

Date:

Employer No.:

AUTHORIZATION TO CHANGE ADDRESS

The undersigned hereby requests that the following change(s) of address be made

CHANGE IN THE BUSINESS' LEGAL MAILING ADDRESS:

ADDRESS (No., Street, or P.O. Box)

CITY	STATE	ZIP	PHONE NO.
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CHANGE IN THE BUSINESS' HEADQUARTERS ADDRESS:

ADDRESS (No., Street, or P.O. Box)

CITY	STATE	ZIP	PHONE NO.
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CHANGE IN THE BUSINESS' E-MAIL ADDRESS:

E-MAIL ADDRESS

All correspondence, including the employer's Unemployment Tax and Wage Report (UC-018), Benefits Charge Notice (UC-602), the annual Determination of Unemployment Tax Rate for Calendar Year (UC-603), and periodic Unemployment Tax Statement (UC-145) forms are to be sent to the business' legal mailing address. In addition, the Notice to Employer (UB-110) regarding claims filed against them will be mailed to the business' legal mailing address unless otherwise requested below:

MAIL THE NOTICE TO EMPLOYER (UB-110) TO:

ADDRESS (No., Street, or P.O. Box)

CITY	STATE	ZIP	PHONE NO.
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AUTHORIZED SIGNATURE:

OWNER'S/PARTNER'S/CORPORATION OFFICER'S SIGNATURE AND TITLE

AGENCY USE ONLY:

- ☐ Revise address
- ☐ Add UB-110 address
- ☐ Delete UB-110 address
- ☐ Add ER rep. code _____
- ☐ Revise ER rep. code _____
- ☐ Delete ER rep code _____
- ☐ Add phone no. _____
- ☐ Revise phone no. _____

NOTATIONS

DATE ENTERED BY	INITIALS	DATE
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Equal Opportunity Employer/Program

Under the Americans with Disabilities Act, the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know your disability needs in advance if at all possible. Please contact your local Tax office.